	PATEN	ECC	ORD	XX	10/	562						
		CLAIMS A	AS FILED - PART I					SMALL ENT	TITY	OR	OTHER SMALL	
	NATIONAL	STAGE EEES	(Colun	nn 1)	<del>- (</del>	Column 2)	1 [	<del>,</del>	<u> </u>	1	2MYEC I	I
U.S. NATIONAL STAGE FEES								RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150			SE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100 U.S. is ISA = \$50/\$100		\$	her situations = 100 / \$ 200		EXAM. FEE			EXAM. FEE	200
SEARCH FEE			ALL other oc	untries =	All ot	her situations = 250 / \$ 500		SEARCH FEE		·	SEARCH FEE	Gre
FEE FOR EXTRA SPEC. PGS.			114 mir	nus 100 =	14	/ 50 =		X \$ 125 =			X \$ 250 =	950
TOTAL CHARGEABLE CLAIMS			/ 0	inus 20 =		34		X \$ 25 =		OR	X \$ 50 =	340
INDI	EPENDENT CL	AIMS				<u>'5</u>		X \$ 100 =		OR	X \$ 200 =	2601)
_		DENT CLAIM PRI						+ \$ 180 =		OR	+ \$ 360 =	
If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	6650
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A	12/30/0	REMAINING AFTER D AMENDMENT		NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 78	Minus	7	78	= Ø		X \$ 25 =		OR	X \$ 50 =	1
AME	Independent	. 16	Minus	***	110	- 0		X \$ 100 =		OR	X \$ 200 =	
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ľ	+ \$ 180 =		OR	+ \$ 360 =	
					**************************************		_	TOTAL ADDIT. FEE	1.	OR	TOTAL ADDIT.	
											722 (	
-		(Column 1) CLAIMS		(Colur		(Column 3)		· · ·				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	٠	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AME	Independent	•	Minus	***		=	L	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$.180 =		OR	+ \$ 360 =	
							Ť	OTAL ADDIT. FEE	•	OR	TOTAL ADDIT. FEE	
* if the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 02/2005)

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